PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10039656

		CLAIMS AS	S FILED -	PART		SMALL ENTITY				OTHER THAN		
			(Column 1)		(Column 2)		TYPE		OR			
TOTAL CLAIMS			30				RATE	FEE	1	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FE	E 370.00	OR	BASIC FEE	740.00	1
TOTAL CHARGEABLE CLAIMS 30				inus 20= *		10	X\$ 9=		OR	X\$18=	100	00
INDEPENDENT CLAIMS			4 minus 3 =		* /		X42=			X84=	130.	1.
MULTIPLE DEPENDENT CLAIM PRESENT							742-		OR		84,0	(
* If the difference in column 1 is less than zero, enter					"O" in a	column 2	+140=		OR	+280=		
						JOIUITIIT Z	TOTAL		OR	TOTAL	1004.	00
CLAIMS AS AMENDED - PART (Column 1) (Column						(Column 3)	SMALL	ENTITY	OR	OTHER SMALL I		
Г		CLAIMS		HIGH		(Column 3)		ADDI- TIONAL]			ł
AMENDMENT A		REMAINING AFTER	,	NUMB		PRESENT	RATE			RATE	ADDI- TIONAL	
		AMENDMENT		PREVIO PAID		EXTRA	naic.	FEE		NATE	FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X42=		OR	X84=		ĺ
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		+140=			+280=		
							TOTAL		OR	TOTAL		
							ADDIT. FEE		OR	ADDIT. FEE		
_		(Column 1)		(Colur		(Column 3)						
AMENDMENT B		CLAIMS REMAINING		HIGH NUMI		PRESENT		ADDI-			ADDI-	
		AFTER		PREVIO		EXTRA	RATE	TIONAL		RATE	TIONAL	l
		AMENDMENT		PAID	FOR			FEE			FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	İ	
	Independent	*	Minus	***	01.411.4	=	X42=		OR	X84=		
<u> </u>	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDENT	CLAIM		+140=	<u> </u>		+280=		İ
TOTAL									OR	TOTAL		İ
ADDIT. FEE									OR	ADDIT. FEE		
_		(Column 1)		(Colun		(Column 3)						1
AMENDMENT C		CLAIMS REMAINING		HIGH NUME		PRESENT		ADDI-			ADDI-	l
		AFTER		PREVIO	USLY	EXTRA	RATE	TIONAL		RATE	TIONAL	l
		AMENDMENT		PAID	FOR ·			FEE			FEE	1
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CLAINA	=-	X42=		OR	X84=		
ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM							1
* If the entry in column 1 is loss than the entry in column 2, write "0" in column 2									OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL ADDIT. FEE		
		mber Previously Painber Previously Pai						propriate box				